

SD Medicaid Provider Enrollment Coversheet

New Application Revalidation Modification

Application # (if related to application):

NPI (required):

Additional Information:

Send documentation by ONE of the following methods:

Fax to: 605-773-8520

Email to: SDMEDXGeneral@state.sd.us with subject either "Application," "Revalidation," or "Modification" followed by the applicable NPI

Mail to: SD DSS Medical Services – PE
700 Governors Dr
Pierre, SD 57532

Ensure all pages have applicable NPI on them.